

## **BEHAVIORAL INTERVIEW**

**INSTRUCTIONS:** Staff-administered behavioral interview. Conduct baseline behavioral Interview after candidate signs the informed consent. Data will be collected using Open Data Kit (ODK) and computer tablet. All relevant questions will include answer choices to allow for 'don't know' or 'refuse to answer' responses.

**READ** *Thank you for participating in this study. I want to remind you that everything you tell us will be completely confidential. We collect the data using this little computer but only authorized study staff sees it and none of the answers are connected to your name. Do you have any questions before I start? Do you mind if I start?*

<b>Site Number:</b> <div style="border: 1px solid black; width: 100px; height: 30px; margin-top: 5px;"></div>	<b>Date of interview:</b> <div style="border: 1px solid black; width: 100px; height: 30px; margin-top: 5px; text-align: center;">       /        DD / MM / YYYY     </div>
<b>Subject/Coupon number:</b> <div style="border: 1px solid black; width: 150px; height: 30px; margin-top: 5px;"></div>	<b>Number of Person Conducting interview:</b> <div style="border: 1px solid black; width: 100px; height: 30px; margin-top: 5px;"></div>
<b>Participant's Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: .....	

**RECRUITMENT:** What is your relationship to the person who referred you to this study/gave you the coupon? \_\_\_\_\_

### **SECTION A: DEMOGRAPHIC CHARACTERISTICS**

**A01. Date of birth?** \_\_\_\_\_  
    DD / MM / YYYY

**A02. How old are you now?** ..... (Years)

**A03. What is your highest education level?**

Number of completed school years: .....

**A04. What is your relationship status?**

- ☐ Single (no current main relationship)
- ☐ Currently married (certificate or custom), one wife/husband
- ☐ Currently married, relationship with more than one wife/husband: How many wives/husbands?  
 .....
- ☐ Currently living with a woman/man as if married
- ☐ Divorced (1 marriage or previous marriage)
- ☐ Widowed / widower (1 marriage or previous marriage)
- ☐ Separated (1 relationship or previous relationship)
- ☐ Currently in a relationship but not living with partner

**A05. What is your or your household's monthly income?**

- ☐ None
- ☐ Less than 1000 Ksh
- ☐ 1000 – 4999 Ksh
- ☐ 5000 – 9999 Ksh
- ☐ 10000 Ksh and above

**A06. How do you live?**

- ☐ I stay in one place → ☐ By myself  
→ ☐ I live with others \_\_\_\_\_
- ☐ I live in a student hostel
- ☐ I am mobile

**A07. What is your occupation?**

- ☐ Professional/technical/managerial
- ☐ Clerical
- ☐ Sales and services
- ☐ Skilled manual
- ☐ Unskilled manual
- ☐ Domestic service
- ☐ Agriculture
- ☐ Other, Specify: \_\_\_\_\_

**READ** *This survey is going to ask you sensitive questions about your drug use, and sexual and HIV risk behaviors. The information you provide is being used for research purposes only and will not be linked to your name. This information is strictly confidential. Please be as honest as possible. Thank you.*

**SECTION B: DRUG USE**

**READ** *Now I am going to ask you some questions about your injection behavior. There are some words that you may need defined in order to answer the following questions. **WORKS** means the needle and/or syringe used to inject drugs. **COOKER** means the tools (cap, water, and filter) used to heat/cook/mix your drugs before injecting. **SHARED** means using the same equipment as someone else; not using your own separate equipment.*

**B01/NIDAriskIDU1a. Have you ever injected drugs, in your lifetime?**

- ☐ Yes → **GO TO B01a**
- ☐ No → **If No, are NOT ELIGIBLE/Stop interview**

**B01a/NIDAriskIDU1b. If YES, at what age did you first inject? Specify years: \_\_\_\_ years**

**B02/NIDAriskIDU2. During the past 30 days, about how many times did you inject drugs? \_\_\_\_ times**

**B02a. On how many days did you inject in the last month? \_\_\_\_ days**

**B02b. How many times did you inject on an average day when you injected? \_\_\_\_\_ times**

**B02c. When you inject, about how many times do you use your syringe before changing it?  
(how many times do you inject using one syringe) \_\_\_\_\_ times**

**B03. When was the last time you injected?**

- ☐ Today
- ☐ Yesterday
- ☐ Within last week
- ☐ Within last month
- ☐ Within last year
- ☐ More than a year ago → If >12 months ago, specify how many years ago: \_\_\_\_\_

**B04. How many times did you inject on the last day you injected drugs? \_\_\_\_\_ # times**

**B05. When you last injected, what did you do with the used syringe/needle?**

- ☐ I threw it away
- ☐ I kept it to reuse it
- ☐ I gave it to someone else to use
- ☐ I exchanged it in the needle and syringe program
- ☐ Something else .....

**B06. Was the syringe/needle that you used at the last injection previously used by someone else before you?**

- ☐ Yes → If yes, **GO TO B07**
- ☐ No → **GO TO B09**
- ☐ I do not know → Probe: Where did you get the syringe? → **GO TO B09**
  - ☐ Was discarded/on the street/in the trash
  - ☐ Given to me by a friend
  - ☐ Other (specify) .....

**B07. If yes, who used it before you?**

- ☐ Someone I know → **GO TO B08**
- ☐ Someone I did not know → **GO TO B09**

**B08. If it was someone you know, was it:**

- ☐ Someone you knew at the time was HIV negative
- ☐ Someone you knew at the time was HIV positive
- ☐ Someone whose HIV status at the time was not known to you

**B09. Did you pass along the needle or syringe that you used at the last injection to someone else (give them your used needle)?**

☐ Yes → If yes, **GO TO B10**

☐ No → **GO TO B12**

**B10. If yes, who used it after you?**

☐ Someone I know → **GO TO B11**

☐ Someone I did not know → **GO TO B12**

**B11. If it was someone you know, was it:**

☐ Someone you knew at the time was HIV negative

☐ Someone you knew at the time was HIV positive

☐ Someone whose HIV status at the time was not known to you

**B12. When you last prepared the drug or injected, did you use the following that had previously been used by someone else before you? (check all that applies):**

☐ Cookers

☐ Cotton

☐ Water/Solution

☐ Bleach

☐ Not previously used

**B13. When you last prepared the drug or injected, did you pass along the following to be used by someone else after you? (check all that applies):**

☐ Cookers

☐ Cotton

☐ Water/Solution

☐ Bleach

☐ Did not pass any of the above along

**B14. Have you ever backloaded/frontloaded (that is, used the same syringe to prepare drugs that are shared)?**

☐ Yes

☐ No

☐ No response/Refused to answer

**B15. Have you ever injected yourself with the blood of someone who just injected, a blood sharing practice known as 'flashblood'?**

☐ Yes

☐ No

☐ No response/Refused to answer

**B16/NIDASmitharchivesQ. How many times in the last month have you used a drug for non-medical reasons?** .....# of times

**B16a. What drug did you use most often in the last month?** .....

<b>B17. In the last month, what drugs did you use and how?</b>		Injected	Smoked	Snorted	Inhaled	Chewed	Ingested	Not used	Other	Used on how many days in last month
a	Heroin									
b	Cocaine									
c	Marijuana									
d	Khat (miraa)									
e	Amphetamines									
f	Methadone – pills									
g	Bugizi (Rohypnol)									
h	Other substances .....									
i	Non-prescribed use of prescription drugs (Using medicines without the doctors order)									

**B18. What type of syringe do you use on a regular basis?**

- ☐ Syringe with detachable needle ..... (add millimeters for needle)
- ☐ Insulin syringe

**B19. On a regular basis, how many times do you use a syringe?** ..... times

**B20. In the last week, where did you get your syringes/needles from? (choose all that apply)**

- ☐ Places where I go to inject (the base, junkyard)
- ☐ Pharmacy
- ☐ Needle and syringe program (vs. other staff? Make mutually exclusive)
- ☐ Dealers (*peddler, pusher, mchuuzi*)
- ☐ Discarded (trash)
- ☐ Other IDUs
- ☐ Other (specify.....)

**B20a. Which one of these places is the most important source for you? (choose only one)**

- ☐ Places where I go to inject (the base, junkyard)
- ☐ Pharmacy
- ☐ Needle and syringe program (vs. other staff? Make mutually exclusive)
- ☐ Dealers (*peddler, pusher, mchuuzi*)
- ☐ Discarded (trash)
- ☐ Other IDUs
- ☐ Other (specify.....)

**B21. How many other IDUs do you know (either by name or by face)? .....****B22. What do you think about reducing your injecting drug use, or stopping entirely? (choose only one)**

- ☐ No need to reduce or stop my injecting drug use
- ☐ Might be good but not ready to do so
- ☐ I'm ready to reduce or stop now
- ☐ I have been to reducing or stopping within the last 3 months
- ☐ I've been reducing or stopping for the last 3-6 months
- ☐ I've been reducing or stopping for 6 months or more

**B23. Have you experienced drug overdose in the past 6 months?**

- ☐ Yes
- ☐ No

**SECTION C: SEX RISK BEHAVIORS****C01. How old were you when you had penetrative sexual intercourse for the first time? By penetrative sexual intercourse, I mean when the penis enters the vagina or anus. ....Years**

**READ**     *This may include sex that was unwanted or forced.*

**C02. Did you have any vaginal (penis in vagina) or anal (penis in anus or bottom) sex without a condom in the last 12 months?**

- ☐ Yes → **GO TO C03**
- ☐ No → **GO TO C28**

**READ:**     *Now, I want to ask you more specific questions about your vaginal, and/or anal (i.e., in the bum) sexual practices with a main or steady partner. This could be a husband/wife, boyfriend/girlfriend, lover, or your live-in partner.*

**C03/NIDAriskQ1. In the past 30 days, has there been one person who you consider to be your main sexual partner?**

- ☐ Yes → **GO TO C04**
- ☐ No → **GO TO C19**

**C04/NIDAriskQ3. Is this person a male or a female ?**

☐ Male

☐ Female

**C05/NIDAriskQ6. The last time you had sex with your main partner, was a male or female condom used?**

☐ Yes → **GO TO C05a**

☐ No → **GO TO C06**

**C05a. Did the following happen when you last had sex? (choose all that apply)**

☐ The condom broke or tore

☐ The condom slipped off

☐ We put the condom on after we started having sex

☐ We took the condom off before we finished sex

☐ Other (specify : \_\_\_\_\_)

☐ None of the above

**C06/NIDAriskQ7. How many times in the last 30 days did you have vaginal sex with your main sexual partner (meaning a penis was inserted into her/your vagina)?**

.....# OF TIMES

**C07/NIDAriskQ7a. Of these \_\_\_\_ (TOTAL FROM C06) times, how many times was a male or female condom used?**

.....# OF TIMES

**C08/NIDAriskQ8. How many times in the last 30 days did you have anal sex with your main sex partner (meaning a penis was inserted into his/her/your butt/bum/bottom)?**

.....# OF TIMES

**C09/NIDAriskQ8a. Of these \_\_\_\_ (TOTAL FROM C08) times, how many times was a male or female condom used?**

.....# OF TIMES

**C10/NIDAriskQ9. During the past 30 days, did you use alcohol or drugs just before or during sex with your main sexual partner?**

☐ Yes → **GO TO C11**

☐ No → **GO TO C19**

**C11/NIDAriskQ9a.**

During the past 30 days, what did you use just before or during sex with your main partner? (choose all that apply)	YES	NO	DK/ UNSURE	REF
	▼	▼	▼	▼
a. Alcohol.....	1.....	2.....	-4.....	-7.....
b. Marijuana.....	1.....	2.....	-4.....	-7.....
c. Khat.....	1.....	2.....	-4.....	-7.....
d. Prescription Drugs (Vicodin, Oxycontin, Percocet, etc)...	1.....	2.....	-4.....	-7.....
e. Cocaine (coke) by itself.....	1.....	2.....	-4.....	-7.....
f. Heroin by itself.....	1.....	2.....	-4.....	-7.....
g. Cocaine and heroin (speedball) .....	1.....	2.....	-4.....	-7.....
h. Street methadone (non-prescription).....	1.....	2.....	-4.....	-7.....
i. Inhalants (glue, petrol).....	1.....	2.....	-4.....	-7.....
j. Ecstasy/club drugs .....	1.....	2.....	-4.....	-7.....
k. Stimulants (amphetamines, Ritalin, Adderall) .....	1.....	2.....	-4.....	-7.....
l. Tranquilizers/barbituates/sedatives (downers).....	1.....	2.....	-4.....	-7.....
m. Other drugs .....	1.....	2.....	-4.....	-7.....
Specify: _____				

**C11a. Does your main sexual partner inject as well?**

- ☐ Yes
- ☐ No
- ☐ I do not know

**C12/NIDAriskQ10. Have you ever had sex to receive money, alcohol, drugs, or other things from your main partner?**

- ☐ Yes
- ☐ No

**C13/NIDAriskQ11. Have you ever given money, alcohol, drugs, or other things to your main partner for sex?**

- ☐ Yes
- ☐ No

**C14/NIDAriskQ4. Has your main partner ever tested for HIV?**

- ☐ Yes → **GO TO C15**
- ☐ No → **GO TO C16**



☐ I don't know → **GO TO C16**

**C15/NIDAriskQ4a. What were his/her test results?**

- ☐ HIV results were positive → If HIV+, is she/he on ARVs? ☐ Yes ☐ No
- ☐ HIV results were negative
- ☐ Neither of us knows the results
- ☐ I do not know his/her results/HIV status

**C16/NIDAriskQ5. How likely do you think it is that your main sexual partner is having sex with someone else? Would you say she/he definitely is, probably is, probably is not or definitely is not?**

- ☐ Definitely Is
- ☐ Probably Is
- ☐ Probably Not
- ☐ Definitely Not
- ☐ DK/UNSURE

**C17. With how many other people did you have sex in the past 30 days, during the same time period that you were also having sex with your main sexual partner?**

.....Number of persons → ..... Number of men ..... Number of women

- ☐ I do not know
- ☐ None → **GO TO C18**

**C18. What was the HIV status of these other partners? (must add up to number above)**

.....Number who were HIV positive → If HIV+, how many are on ARVs? .....

.....Number who were HIV negative

.....Number who you did not know their HIV status

**READ:** *Next I'm going to ask you about casual sex partners. These are sex partners who were not main, steady partners or sex trading partners, but may be casual friends, or one-night stands.*

**C19/NIDAriskQ12. In the past 30 days, did you have vaginal or anal sex with a casual partner?**

- ☐ Yes → **GO TO C20**
- ☐ No → **GO TO C28**

**C20/NIDAriskQ13. How many different casual partners did you have in the last 30 days?**

# OF CASUAL PARTNERS ..... | | | |

**C21/NIDAriskQ14. The last time you had sex with a casual partner did you use a male or female condom?**

☐ Yes → **GO TO C21a**

☐ No → **GO TO C22**

**C21a. Did the following happen when you last had sex? (Choose all that apply)**

☐ The condom broke or tore

☐ The condom slipped off

☐ We put the condom on after we started having sex

☐ We took the condom off before we finished sex

☐ Other (specify : \_\_\_\_\_)

☐ None of the above

**C22/NIDAriskQ15. How many times in the last 30 days did you have vaginal sex with a casual partner?**

# OF TIMES ..... | | | |

**C23/NIDAriskQ15a. Of these times that you had vaginal sex with a casual partner, how many times was a male or female condom used?**

# OF TIMES ..... | | | |

**C24/NIDAriskQ16. How many times in the last 30 days when you had sex with casual partners, did any of your partners put their penis into your anus?**

# OF TIMES ..... | | | |

**C25/NIDAriskQ16a. Of these times that you had anal sex with a casual partner, how many times was a male or female condom used?**

# OF TIMES ..... | | | |

**C26/NIDAriskQ17. During the past 30 days, did you use drugs or alcohol just before or during sex with a casual partner?**

☐ Yes → **GO TO C27**

☐ No → **GO TO C28**

**C27/NIDAriskQ17a.**

During the past 30 days, what did you use just before or during sex with a casual partner? (choose all that apply)	YES	NO	DK/ UNSURE	REF

	▼	▼	▼	▼
a. Alcohol.....	1	2	-4	-7
b. Marijuana.....	1	2	-4	-7
c. Khat.....	1	2	-4	-7
d. Prescription Drugs (Vicodin, Oxycontin, Percocet, etc)...	1	2	-4	-7
e. Cocaine (coke) by itself.....	1	2	-4	-7
f. Heroin by itself.....	1	2	-4	-7
g. Cocaine and heroin (speedball) .....	1	2	-4	-7
h. Street methadone (non-prescription).....	1	2	-4	-7
i. Inhalants (glue, petrol).....	1	2	-4	-7
j. Ecstasy/club drugs .....	1	2	-4	-7
k. Stimulants (amphetamines, Ritalin, Adderall) .....	1	2	-4	-7
l. Tranquilizers/barbituates/sedatives (downers).....	1	2	-4	-7
m. Other drugs .....	1	2	-4	-7

Specify: \_\_\_\_\_

**C27a. Do any of your casual sexual partner(s) inject as well?**

- ☐ Yes
- ☐ No
- ☐ I do not know

**READ:** *Next I'm going to ask you about sex with a trading partner, not including your main partner or a main sexual partner, that might have given you money, drugs, clothes, food, transport, or a place to stay in exchange for sex.*

**C28/NIDAQ18. Have you ever traded sex for drugs, money, food, clothing, shelter, transport or any other goods?**

- ☐ No → C31
- ☐ Yes → If yes, C28a-c, C29, C30

**C28a. Was it with** ☐ **men,** ☐ **women, or** ☐ **both****C28b. When was the last time** \_\_\_\_\_**C28c. Was a condom used?** ☐ Yes ☐ No**C29.**

In the past three months, have you given sex to anyone other than a main partner to get:	YES	NO	DK/ UNSURE	REF
	▼	▼	▼	▼
a. ...Money?.....	1	2	-4	-7
b. ...Drugs? .....	1	2	-4	-7

c. ...Alcohol? .....1 .....2 .....-4.....-7  
 d. ...Clothes? .....1 .....2 .....-4.....-7  
 e. ...Food? .....1 .....2 .....-4.....-7  
 f. ...Transport? .....1 .....2 .....-4.....-7  
 g. ...Place to stay? .....1 .....2 .....-4.....-7  
 h. ...Anything else? .....1 .....2 .....-4.....-7

**Specify:** \_\_\_\_\_

**C30. Have you traded sex for drugs, money, food, clothing, shelter, or any other goods in the last 30 days?**

☐ Yes

☐ No

**C31. What do you think about condoms? (Choose only 1)**

☐ No need to use

☐ Might be good but not ready to use them every time

☐ I'm ready to use condoms now

☐ I've been using condoms within the last 3 months

☐ I've been using condoms for the last 3-6 months

☐ I've been using condoms for 6 months or more

**If FEMALE skip to C33**

**C32. IF MALE: Have you been circumcised?**

☐ Yes

☐ No

☐ I do not know





**C33. What do you think about HIV, the virus that causes AIDS (ukimwi)?**

a. HIV can pass by sex, blood, or from mother to baby ☐ False ☐ True

b. HIV can be stopped by using condoms correctly each time you have sex ☐ False ☐ True

c. HIV can be stopped by using only clean needles when you inject ☐ False ☐ True

**C34. Please pick how much you agree with the following statements:**

Strongly Agree	Agree	Disagree	Strongly Disagree
			

- a. I'm less worried about HIV infection than I used to be.
- b. New HIV treatments will take the worry out of sex.
- c. New HIV treatments will take the worry out of injecting drug use.
- d. If a cure for AIDS were announced, I would stop practicing safe sex (i.e., using a condom).
- e. If a cure for AIDS were announced, I would stop using clean needles to inject.
- f. HIV/AIDS is a less serious threat than it used to be because of new treatments.
- g. I am very worried about getting HIV.
- h. If I was/am HIV-positive I would be/am very worried about passing HIV.
- i. I am worried about what people in the community will think if I have HIV
- j. I am not worried about pregnancy because of available HIV treatments. (Female only)

#### **SECTION D: EXPOSURE TO SERVICES**

##### **D01/NIDAtestQ3. When was the last time you were tested for HIV?**

- ☐ I have never been tested → **GO TO D09**
- ☐ Less than 6 months ago → **GO TO D01a**
- ☐ 6 – 9 months ago → **GO TO D01a**
- ☐ More than 9 months ago → **GO TO D01a**
- ☐ I do not know

##### **D01a/NIDAtestQ3. (If tested) Where were you last tested for HIV?**

- ☐ VCT
- ☐ Hospital or doctor's office
- ☐ Addiction treatment center
- ☐ NASCOP needle program
- ☐ Home
- ☐ Other \_\_\_\_\_

##### **D02. Have you tested positive for HIV in the past?**

- ☐ Yes → **GO TO D03**
- ☐ No → **GO TO D07**

##### **D03. When did you first test positive for HIV?**

- ☐ Less than 6 months ago
- ☐ 6 – 9 months ago
- ☐ More than 9 months ago
- ☐ I do not know

**D04. Do you know around when you tested positive for HIV?** \_\_\_\_\_ (Date in Month and Year)

**D05/NIDAadherQ1. Have you been prescribed any anti-HIV medications (antiretrovirals or ARVs)?**

☐ Yes → **GO TO D06**

☐ No → **GO TO D09**

**D06. Are you currently taking any HIV medicines/ARVs?**

☐ Yes → **GO TO D06a**

☐ No → **GO TO D09**

**D06a. When did you begin taking HIV medicines/ARVs? What was the month and the year?**

Month \_\_\_\_\_ Year \_\_\_\_\_

**D07/NIDAadherQ2. When was the last time you missed taking any of your anti-HIV medications/ARVs?**

\_\_\_\_\_ Within the past week

\_\_\_\_\_ 1-2 weeks ago

\_\_\_\_\_ 2-4 weeks ago

\_\_\_\_\_ 1-3 months ago

\_\_\_\_\_ More than 3 months ago

\_\_\_\_\_ Never skip medications → **GO TO D08**

**D07a. What factors do you think caused you to miss doses? Pick all that apply:**

☐ Using alcohol or drugs

☐ Simply forgetting

☐ Sleeping through dose times

☐ Away from home or traveling

☐ Change in my daily routine (e.g., weekends)

☐ Busy with other things

☐ Feel too sick to take medication

☐ Medication side effects

☐ Feel healthy

☐ Feeling depressed

☐ Embarrassed to take doses in front of other people

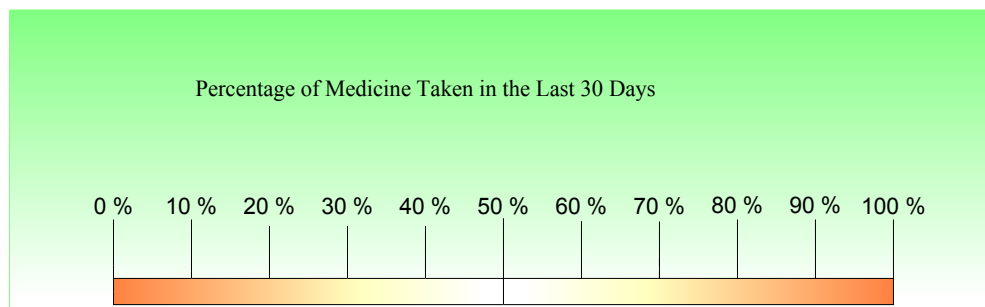
☐ Couldn't refill my medication

☐ My living situation is unstable

- ☐ Tired of taking medications
- ☐ I don't understand how I am supposed to take my medication
- ☐ I don't believe that the medication will help me
- ☐ Religious beliefs (someone prayed for me and I thought I was healed)
- ☐ Decided to use herbs instead
- ☐ No money to get to clinic
- ☐ Other (Specify.....)

**D08/NIDAadherSAfeTalkQ1.** *Now think about the last 30 days. Please point on the line showing the number that is your best guess about how much HIV medicine you have taken in the past 30 days. We would be surprised if this was 100% for most people.*

*0% means you have taken no medicine, 50% means you have taken half of your medicine, and 100% means you have taken every single dose of medicine.*



**D09. Did you access any of the following services in the last 12 months?**

- ☐ HIV testing ..... (name it)
- ☐ Needle and syringe program ..... (name it) → **GO TO D09a**
- ☐ Opiate substitution treatment/methadone ..... (name it)

**D09a. Where do you go to the needle and syringe exchange program? Pick all that apply:**

- ☐ NOSET Ngara
- ☐ NOSET Race course
- ☐ SAPTA Kawangware
- ☐ SAPTA Bahati
- ☐ REACHOUT Ukunda
- ☐ OMARI Project Malindi
- ☐ MEWA Kilifi/Mtwapa
- ☐ REACHOUT Old Town
- ☐ BOMU Hospital
- ☐ TEENSWATCH Ukunda
- ☐ Coast general hospital,
- ☐ SAPTA Pangani clinic

- ☐ KANCO-Watamu clinic  
☐ OTHER: (Specify).....

**D09b. How often do you visit these MARP/NSP sites:**

- 1 -) On an average month? # OF TIMES |\_|\_|\_|  
 2 -) On an average week? # OF TIMES |\_|\_|\_|  
 3-) On an average day? # OF TIMES |\_|\_|\_|

**D09c. What was the date of the most recent visit to one of these MARP/NSP sites?**

|\_|\_|-|\_|\_|-|\_|\_|\_|\_|  
 (dd) (mm) (yyyy)

**D09d. What are you receiving in this needle and syringe exchange program? (Choose all that apply)**

- ☐ Syringes  
☐ Needles  
☐ Cotton  
☐ Water/Solution  
☐ Alcohol swabs  
☐ Filters  
☐ Tourniquets  
☐ Condoms  
☐ Voluntary and Counseling and Testing (VCT)  
☐ Opioid substitution therapy (OST) (e. g. Methadone)  
☐ Referrals to counseling or other mental hygiene services  
☐ Referrals to health care services  
☐ Other (specify.....)

**D09e. How often do you exchange needles and/or syringes at any of the MARP/NSP sites:**

- 1 -) On an average month? # OF TIMES |\_|\_|\_|  
 2 -) On an average week? # OF TIMES |\_|\_|\_|  
 3- ) On an average day? # OF TIMES |\_|\_|\_|

**D09f. How many needles and/or syringes did you receive at any of the MARP/NSP sites in your last visit?**



# OF NEEDLES AND/OR SYRINGES..... | | | |

**D09g. How many needles and/or syringes did you return at any of the MARP/NSP sites in your last visit?**

# OF NEEDLES AND/OR SYRINGES..... | | | |

**D10/NIDAUtilTxQ5. During the past 12 months, did you see any professional for the primary purpose of getting alcohol or drug treatment, including methadone maintenance, or getting help for an alcohol or drug problem? Please include stays in detox hospitals and residential treatment programs as well as groups led by a professional counselor. Do not include unpaid professionals, such as clergy or other religious/spiritual advisors or healers.**

- ☐ Yes ..... (name it)
- ☐ No

**D11. In the past month, did you need any medical care?**

- ☐ Yes → **GO TO D12**
- ☐ No → **GO TO SECTION E**

**D12. Were you able to receive the medical care you needed without a problem?**

- ☐ Yes → **GO TO SECTION E**
- ☐ No → **GO TO D13**

**D13/NIDABarriersToCareQ. People can have many different types of problems getting their medical care. Think of the reasons why you **may not have gotten** the medical care you needed or that was recommended for you. Please indicate "Yes" or "No" for all of the following reasons for why you **may not have gotten needed medical care in the past month**.**

**In the past month.... Add option for never needed medical services in past month ( to skip all other options for those who never needed medical services)**

- |   |     |    |
|---|-----|----|
| a) I was unable to pay for medical care                         | Yes | No |
| b) I was not sure where to go to get medical care               | Yes | No |
| c) I did not have transportation to medical care                | Yes | No |
| d) The clinic's hours of operation were inconvenient for me     | Yes | No |
| e) I was treated poorly at a clinic in the past                 | Yes | No |
| f) I did not want to be seen at a clinic                        | Yes | No |
| g) I do not trust doctors                                       | Yes | No |
| h) I don't really care about taking care of myself at this time | Yes | No |

- i) I did not have child care  
j) I was too drunk or high

Yes No  
Yes No

### SECTION E: PHQ-10 instrument for screening, diagnosing, monitoring, and measuring the severity of depression and anxiety.

**E01. Over the past 2 weeks, how often have you been bothered by any of the following problems?**

		Not at all	Several days	More than half the day	Nearly every day
a.	Little interest or pleasure in doing things	0	1	2	3
b.	Feeling down, depressed or hopeless	0	1	2	3
c.	Trouble falling asleep, staying asleep, or sleeping too much	0	1	2	3
d.	Feeling tired or having little energy	0	1	2	3
e.	Poor appetite or overeating	0	1	2	3
f.	Feeling bad about yourself – or that you're a failure or have let yourself or your family down	0	1	2	3
g.	Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
h.	Moving or speaking so slowly that other people could have noticed. Or, the opposite – being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
i.	Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

**E02. In the last 2 weeks, how often have you felt nervous, anxious, on edge, or worrying a lot about different things?**

Not at all	Several days	More than half the days	Nearly every day
0	1	2	3

### SECTION F: INCARCERATION

**F01. Over your whole life, have you ever been held in a detention center, jail, or prison for more than 24 hours?**

- ☐ Yes → **GO TO F02**  
☐ No → **GO TO SECTION G**

**F02. Over your whole life, how many different times have you been held in a detention center, jail, or prison for more than 24 hours?**

# OF TIMES ..... |\_\_|\_\_|\_\_|

**F03/NIDA servUtilQ8. During the past 12 months, did you spend one or more nights in jail or prison?**

- ☐ Yes → **GO TO F04**  
☐ No → **GO TO SECTION G**

**F04/NIDA servUtilQJ1. How many separate times were you in jail or prison during the past 12 months?**

# OF TIMES ..... |\_\_|\_\_|\_\_|

**F05. When you were in jail or prison during the past 12 months, how many days were you there?**

# OF DAYS ..... |\_\_|\_\_|\_\_|

### **SECTION G: HEPATITIS C VIRUS (HCV)**

**G01/NIDA HCVtestingQ6. Have you ever been tested for hepatitis C virus?**

- ☐ Yes → **GO TO G02**  
☐ No → **GO TO G05**

**G02/NIDA HCVtestingQ7. How long ago were you tested for the hepatitis C virus?**

- ☐ Days ago  
☐ Weeks ago  
☐ Months ago  
☐ Years ago

**G03/NIDA HCVtestingQ8. The last time you were tested for the hepatitis C virus, where were you tested? (CHECK ALL THAT APPLY)**

- ☐ In jail/prison  
☐ In an outpatient clinic  
☐ In a hospital, as an inpatient  
☐ In an Emergency Department  
☐ In a community-based program (community VCT program, mobile unit, health fair, etc.)  
☐ In a needle syringe program  
☐ In a drug treatment program  
☐ Donating blood or plasma  
☐ Family planning centre  
☐ As part of a research study  
☐ Other (Specify: \_\_\_\_\_)

**G04/NIDAHCvttestingQ9. Did you receive the results of your most recent test for the hepatitis C virus?**

- ☐ Yes → **GO TO 05**
- ☐ No → **GO TO 05**
- ☐ Not sure → **GO TO 05**

**G05/NIDAHCvttestingQ10. Has anyone ever told you that you had hepatitis C virus?**

- ☐ Yes → **GO TO 05a**
- ☐ No → **GO TO READ/END**

**G5a/NIDAHCvttestingQ10a. When were you told you had the hepatitis C virus?**

- ☐ Days ago
- ☐ Weeks ago
- ☐ Months ago
- ☐ Years ago

**G5b/NIDAHCvttestingQ10b. Where were you told that you have the hepatitis C virus? (CHECK ALL THAT APPLY)**

- ☐ In jail/prison
- ☐ In an outpatient clinic
- ☐ In a hospital, as an inpatient
- ☐ In an Emergency Department
- ☐ In a community-based program (community VCT program, mobile unit, health fair, etc.)
- ☐ In a needle syringe program
- ☐ In a drug treatment program
- ☐ Donating blood or plasma
- ☐ Family planning centre
- ☐ As part of a research study
- ☐ Other (Specify: \_\_\_\_\_)

**G06/NIDAHCvttestingQ11. Have you taken medication to treat Hepatitis C, like sofosbuvir, Interferon and ribavirin?**

- ☐ Yes → **GO TO 06a**
- ☐ No → **GO TO READ/END**
- ☐ Not Sure → **GO TO READ/END**
- ☐ Refuse → **GO TO READ/END**

**G06a/NIDAHCVtestingQ11a. When did you start treatment for Hepatitis C?**

- ☐ Days ago
- ☐ Weeks ago
- ☐ Months ago
- ☐ Years ago

**G06b/NIDAHCVtestingQ11b. Where did you receive your treatment for Hepatitis C? (CHECK ALL THAT APPLY)**

- ☐ In jail/prison
- ☐ In a community-based clinic
- ☐ In a hospital, as an inpatient
- ☐ In a residential treatment facility or assisted care facility
- ☐ Part of a research study
- ☐ Other (Specify: \_\_\_\_\_)

**G07. When was the last time you missed taking any of your Hepatitis CV medications?**

- \_\_\_\_\_ Within the past week
- \_\_\_\_\_ 1-2 weeks ago
- \_\_\_\_\_ 2-4 weeks ago
- \_\_\_\_\_ 1-3 months ago
- \_\_\_\_\_ More than 3 months ago
- \_\_\_\_\_ Never skip medications → **GO TO G08**

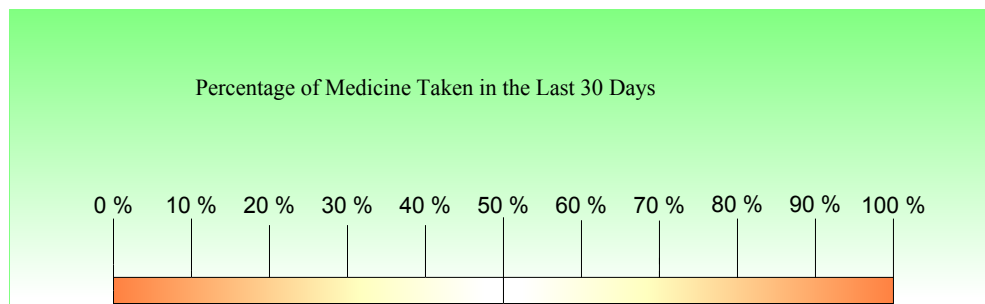
**G07a. What factors do you think caused you to miss doses? Pick all that apply:**

- ☐ Using alcohol or drugs
- ☐ Simply forgetting
- ☐ Sleeping through dose times
- ☐ Away from home or traveling
- ☐ Change in my daily routine (e.g., weekends)
- ☐ Busy with other things
- ☐ Feel too sick to take medication
- ☐ Medication side effects
- ☐ Feel healthy
- ☐ Feeling depressed

- ☐ Embarrassed to take doses in front of other people
- ☐ Couldn't refill my medication
- ☐ My living situation is unstable
- ☐ Tired of taking medications
- ☐ I don't understand how I am supposed to take my medication
- ☐ I don't believe that the medication will help me
- ☐ Religious beliefs (someone prayed for me and I thought I was healed)
- ☐ Decided to use herbs instead
- ☐ No money to get to clinic
- ☐ Other (Specify.....)

**G08. Now think about the last 30 days. Please point on the line showing the number that is your best guess about how much Hepatitis C Virus medicine you have taken in the past 30 days. We would be surprised if this was 100% for most people.**

**0% means you have taken no medicine, 50% means you have taken half of your medicine, and 100% means you have taken every single dose of medicine.**



**READ:** Remember, this survey is confidential and the data will be used to advocate for better services for people. So are there any questions where you might want to clarify your responses?

**THANK YOU FOR YOUR TIME!**